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Special Study on Adults with an Activity Limitation

by
André Charette

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CANADA'S HEALTH PROMOTION SURVEY: TECHNICAL REPORT SERIES

SPECIAL STUDY ON ADULTS WITH AN ACTIVITY LIMITATION

Produced for the

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by

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ABSTRACT

This report presents some findings from Canada's Health Promotion Survey, a nationwide telephone survey which was conducted in 1985. The report focuses on adult Canadians (aged 15 years and over) who report a restriction in their activities because of a long term health problem.

Health related behaviours, attitudes, opinions and knowledge of Canadians who are restricted in their activities are contrasted with the remainder of the adult population. Because of considerable age differences between the two groups (the disabled being older), all comparisons between the disabled and the non-disabled were adjusted for age (i.e., age standardized).

Approximately 16% of Canadians, aged 15 and over, report a limitation in the amount of kind or activity they can do because of a long term health problem. Compared to the remainder of the population, Canadians with an activity limitation tend to earn less income, have less education, and have been retired or housekeepers or unemployed for more than five years.

Disabled Canadians also exhibit poorer self-reported health status, a higher level of stress and less happiness with their lives. Individuals who are restricted in their activities are also more likely to rely on medication and weight control techniques to improve their overall health.

Considerable differences exist between disabled and non-disabled Canadians with respect to physical activity, where not surprisingly, the activity limited are less active, and are more likely to claim that they are not getting as much exercise as they need.

The survey findings emphasize the disadvantageous position of disabled individuals with respect to socioeconomic inequities in health. Consequently, this group represents not only an important challenge, but also a priority for health promotion. Areas such as home care programs, physical activity programs, transportation and leisure activities should be explored and developed to meet some of the health needs of Canadians living with restrictions in their activities.

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HIGHLIGHTS

- An estimated 3,143,000 Canadians, aged 15 years and over, report some level of activity limitation because of a health problem. This figure represents 16.1% of all adult Canadians.
- The proportion of Canadians who are restricted in their activities increases sharply with age ranging from a low of 8.5% among the 15-24 age group, to a high of 34.3% among the elderly (65+).
- Leisure time and transportation are the activities in which Canadians with an activity limitation are more likely to be restricted.
- In comparison with the remainder of the population, Canadians with an activity limitation are more likely to earn less income, have less education and be unemployed.
- Eight out of ten Canadians who report being in poor health are also restricted in their activities. While seven out of ten Canadians without activity limitations rate their overall health as being very good or excellent, this ratio drops to a little more than three out of ten when it comes to those living with an activity limitation.
- Compared to other Canadians, people who are restricted in their activities exhibit a greater propensity to be either underweight, overweight or obese.
- High blood pressure appears to be more prevalent among the disabled (16.8%), as opposed to their non-disabled counterparts (8.3%).
- Forty-two percent of all individuals who express feelings of unhappiness with their lives are comprised of persons living with an activity limitation. Canadians with no restriction in their activities are more likely to report that they are happy with their lives (44.0%), compared to their disabled counterparts (31.5%).
- Canadians with an activity limitation are more likely to report that their lives are stressful.
- Compared to the remainder of the population, a greater proportion of disabled Canadians have relied (in the year preceding the survey), and plan to rely (in the year following the survey), on weight control techniques and medication in order to improve their health.
- While 56% of Canadians with no limitation in their activities are regular exercisers, this proportion drops to 48% in the case of those who are affected by a health problem that reduces their level of activity.
- Regular drinkers are more likely to be found among Canadians who do not report a restriction in their activities.
- The likelihood of making use of tranquilizers and sleeping pills is considerably higher among the disabled, in comparison with the non-disabled.
- While a greater proportion of Canadians with no activity limitation are regular car drivers (74.4%), compared to their disabled counterparts (69.6%), this trend is reversed with respect to travelling in a car as a regular passenger (63.7% for the disabled; 56.4% for the non-disabled).
- While Canadians with an activity limitation point to accident and safety prevention as the number one topic on which they need health information, nutrition is the top priority when it comes to the need for information by the remainder of the population.

INTRODUCTION

This report presents some findings of the Canada's Health Promotion Survey (HPS), carried out in June 1985 by Statistics Canada, for the Department of National Health and Welfare. The main objective of this report is to highlight the behaviour, knowledge and attitudes on selected health issues of Canadians who are restricted in the type or amount of activities they can do because of a long term health problem. These behaviours, attitudes and opinions will be contrasted with Canadians who are not restricted in their activities.

The report begins by drawing a profile of the socio-economic and socio-demographic characteristics of Canadians with some level of activity limitation. Next, the physical and emotional health of this target population is highlighted and contrasted with the remainder of the population. The report goes on to explore lifestyles and health habits such as exercise, smoking, alcohol consumption, drug use, safety and nutrition. This is followed by a section which examines social relationships and related health behaviours. A final section is devoted to the analysis of various opinions, attitudes and knowledge of health promotion topics as they relate to expectations for government involvement and special needs for information. The report concludes by making some policy recommendations concerning the needs of Canadians who are restricted in their activities and by suggesting some possibilities for future studies.

METHODS

This report focuses on Canadians aged 15 years and older. The target population consists of all those who report being limited in the kind or amount of activities they can do because of a long-term physical condition or health problem (Health Promotion Survey Questionnaire, question 16).[1] All non-respondents to question 16 were eliminated from the analyses, reducing the total sample size to 11,160 from 11,181.

For practical matters, respondents with an activity limitation (n = 1,887) will be referred to as the study group, the disabled or the activity limited, interchangeably throughout the report. On the other hand, the remainder of the population, consisting of those who report no activity limitation (n = 9,273) will be referred to as the comparison group, or the non-disabled, for the same practical purposes.

The method of analysis selected consists of a descriptive analysis in which health related behaviours, attitudes and knowledge of Canadians with an activity limitation are compared to those of the remainder of the population.

Because of considerable age differences between both groups (the disabled being older) all percentages will be standardized by age. The rationale for this standardization is that age itself is closely related to several health behaviours and risks[2], and therefore its confounding effect must be eliminated in order to allow fair comparisons between the study and comparison group. The direct method of age-adjustment[3] was used, in which the standard population consists of the estimated Canadian population, age 15+, derived from the Health Promotion Survey. Age standardization is based on the following age groups: 15 to 24; 25 to 44; 45 to 64; 65 and over. All such comparative analyses are thus based on age-adjusted rates.

For more convenience, Tables which appear in the Appendix display population estimates for both the observed and age-standardized percentage distributions. All non-respondents from question 16 (n = 21) were excluded from the computation of the age-adjusted rates. As a consequence, the estimated standard population for Canada is 19,566,000, instead of the overall reported estimate of 19,611,000, which includes non-respondents to question 16.

FINDINGS

Prevalence of Activity Limitation

An estimated 3,143,000 Canadians, aged 15 years and over, report some level of limitation in their activities because of a long- term physical condition or health problem. Overall, this amounts to 16.1% of all adult Canadians (See Table 1). This prevalence rate for the year 1985 is slightly higher than the 14.3% of the population observed in the 1978-79 Canada Health Survey[4].

While methodological approaches differ with each respective survey, it is interesting to compare the prevalence of activity limitation observed with the Canadian Health and Disability Survey of 1983-8[4,5] and the General Social Survey[6,7] conducted in 1985.

With respect to activity limitation, the findings of the present survey indicate a prevalence rate (16.1%) which is somewhat higher than the prevalence of disability (12.8% of Canadians 15 years and older) reported in the Canadian Health and Disability Survey[8]; and somewhat lower than the prevalence of activity limitation (32% of Canadians 15 years and over) reported in the General Social Survey[9].

The proportion of Canadians with an activity limitation increases sharply with age, ranging from a low of 8.5% of younger Canadians (15-24), to a high of 34.3% among those aged 65 and over (See Table 1). This observed increase in limitations is consistant with the findings of all three Canadian surveys cited above.

Seven out of ten Canadians who report a restriction in their activities indicate that leisure time and transportation are the activities in which they are more likely to be restricted. Next in importance are restrictions in the home (55%) followed by activity limitations at work or school (29%) (See Table 2).

This trend is highly consistent by age and sex, with the exception of the elderly who report more restrictions in their home activities (See Table 2). In fact, three out of four persons, aged 65 and over not living in institutions experience some limitation in their home activities because of a long-term physical condition or a chronic health problem.

Socio-Demographic and Economic Profile

As already mentioned, activity limitation increases sharply with age in the Canadian population. Therefore, considerable differences exist between individuals who report an activity limitation and the remainder of the population (See Table 1). Approximately 60% of Canadians with an activity limitation are older than 44 years of age, and 67% of Canadians with no limitation are younger than 45 years of age.

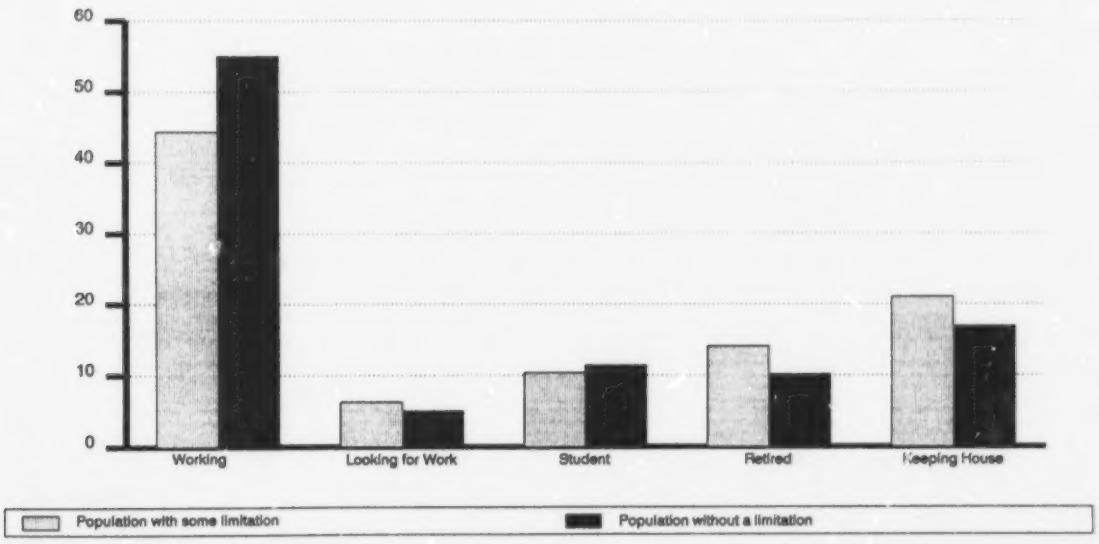
Such a discrepancy in age between these two groups is substantial, and must therefore be taken into account in attempting to explain differences in demographic compositions as well as health related behaviours, attitudes and opinions between the two groups. As a result, all comparisons between the activity limited and the remainder of Canadians reported here include age-standardized rates.

Although women in general are more likely to report a limitation in their activities (18.5%), compared to their male counterparts (13.5%), these differences are much more visible among the elderly, as men and women are equally likely to be restricted in their activities up to the age of 45.[9] As with age, considerable differences exist in the sex composition of the study group (Canadians with an activity limitation) and the comparison group (remainder of the population). Six out of ten Canadians who report an activity limitation are women, and five out of ten among those who report no activity limitation (See Table 3).

Canadians who report an activity limitation are more likely to have an elementary education or less (14.5%) compared to those without limitations (11.4%). Conversely, a greater proportion of Canadians who are not restricted in their activities have a university education (See Table 4).

No marked differences are observed between the study and comparison group with respect to marital status, as approximately six out of ten of all Canadians are either married or living in common law (See Table 5).

Figure A. Age-Standardized Distribution of Labour Force Activity, by Activity Limitation Status, Age 15+, Canada, 1985.



A greater proportion of Canadians who report no activity limitation are presently working (55.0%) compared to their activity-limited counterparts (44.3%). Meanwhile, Canadians who are restricted in their activities are more likely to be retired or keeping house (See Figure A & Table 6). Similarly, a greater proportion of individuals from the activity-limitation group have been unemployed over a five year period (See Table 7).

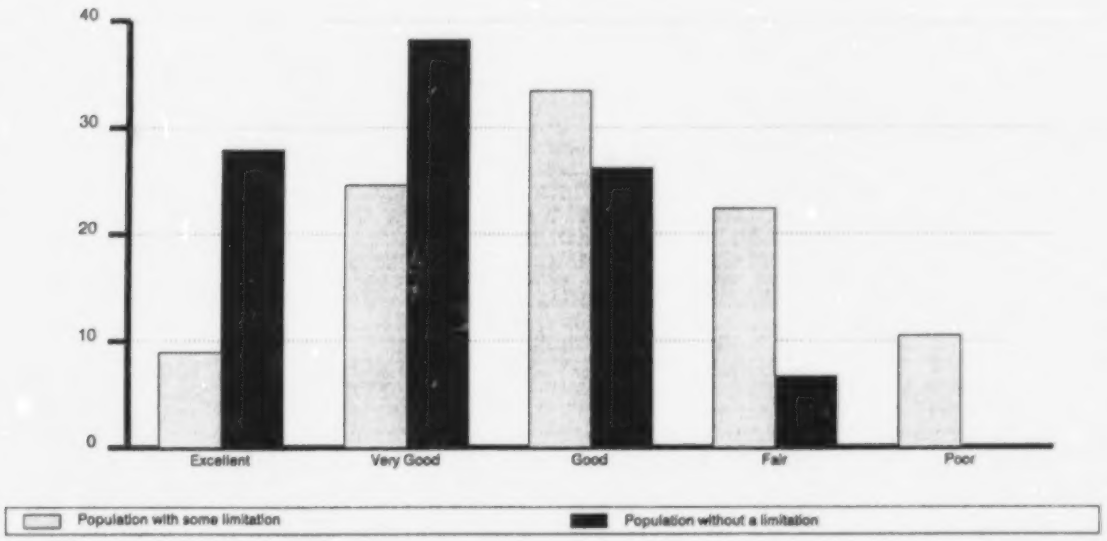
The findings of the HPS clearly demonstrate considerable differences in income between Canadians who are restricted in their activities and those who are not. Indeed, persons with an activity limitation are more likely to be low income earners, while individuals without an activity limitation are found in a greater numbers among the highest income earners (See Table 8).

Health Status

Self-assessed health status:

While 67% of Canadians with no activity limitation consider themselves in good or excellent health, less than 35% of their activity-limited counterparts report an equivalent health status (See Figure B & Table 9). Conversely, a considerably higher proportion of individuals who report an activity limitation perceive their health status to be poor. In fact, eight out of ten Canadians who report being in poor health are also restricted in their activities because of a long-term health problem (See Table 9).

Figure B. Age-Standardized Distribution of Self-Assessed Health, by Activity Limitation Status, Age 15+, Canada, 1985.



Taking action to improve one's health:

Seven out of ten Canadians believe that there is something they should do to improve their health, a ratio which holds equally for both the study group (69.5%) and the comparison group (68.0%) (See Table 10).

Individuals who said they should do something to improve their health were asked to indicate their preferred course of action to reach such an improvement. Getting exercise is, by far, the activity cited by the largest proportion of individuals, regardless of activity limitation status. The second most cited route to improve health is to quit smoking, followed, in order, by a concern to improve eating habits and to lose weight (See Table 10).

Generally, the findings reported in Table 10 suggest that the courses of action advocated by Canadians in order to improve one's health status are shared equally by both the study and comparison group, with the exception of losing weight which appears to be of a greater concern among disabled individuals.

Barriers to improving one's health:

Canadians without an activity limitation exhibit a greater propensity to point to something stopping them from making an improvement in their overall health (47.7%) compared to those who are restricted in their activities (38.1%) (See Table 11).

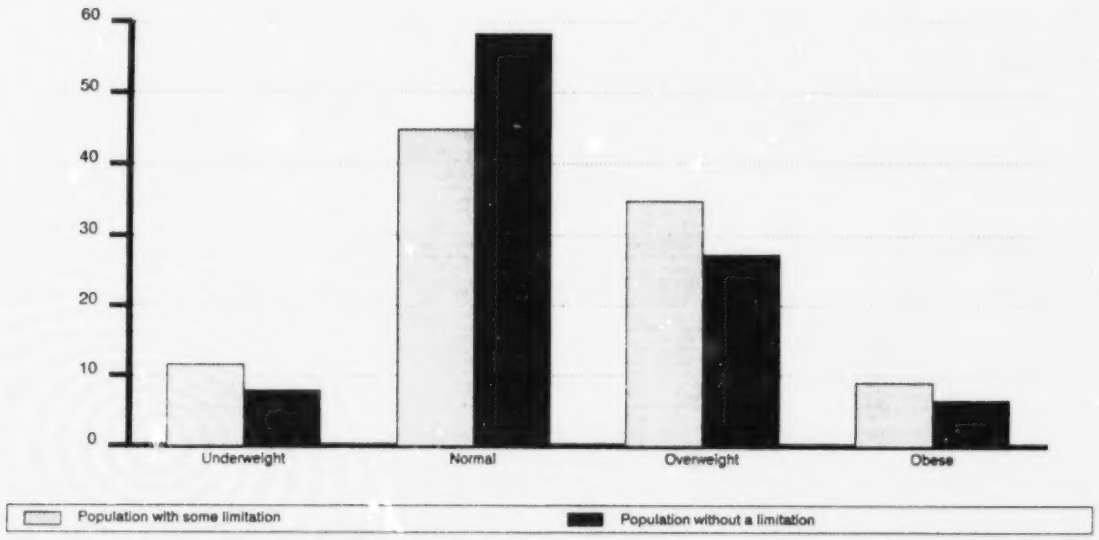
Among those who identify hindrances to improving their health, a lack of time is the most often cited barrier for both Canadians who report an activity limitation and those free of such limitations. Lack of self-discipline or energy ranks as the second most cited barrier, a concern which is also shared equally by individuals from both the study and comparison group (See Table 11).

Although barriers such as "not serious enough" or "not urgent" and "too difficult" were not cited as often, they appear to be more of an issue for those in the activity-limited group. A similar observation holds with respect to barriers such as "don't want to change habits" or "too costly", which also appear to apply more to Canadians with an activity limitation.

Body Mass Index

Considerable differences also exist between individuals who report an activity limitation and the remainder of the population with respect to the distribution of the groups across the four categories of the body mass index[10]. While six out of ten Canadians without activity limitations report a normal body mass index, the ratio drops to only 4 out of 10 among the activity-limited group. Not surprisingly, Canadians who report a restriction in their activities are more likely to be either overweight or underweight, and therefore to be found at both extremities of the body mass index (See Figure C & Table 12).

Figure C. Age-Standardized Distribution of Body Mass Index, by Activity Limitation Status, Age 15+, Canada, 1985.



Blood Pressure

Compared to their limitation-free counterparts (54.9%), a greater proportion of Canadians with an activity limitation (67.1%) have had their blood pressure checked in the last six months (See Table 13). This finding is probably an indication of the latter group's higher propensity to consult health care specialists[11]. Disabled individuals are also more likely to report that, as far as they know, their blood pressure is high (16.8%), when compared to their non-disabled counterparts (8.3%) (See Table 14).

Emotional Health

Level of happiness:

In general, most Canadians aged 15 years and over report that they are either happy or very happy with their lives. A higher proportion of individuals without limitations in their activities (97.2%) tend to report such a state of emotional well-being, compared to their disabled counterparts (91.6%) (See Table 15). However, considerable differences exist between the study and comparison group with respect to this level of happiness. Indeed, Canadians with no restriction in their activities are more likely to report that they are very happy with their lives (44.0%), than those living with an activity-limitation (31.5%). Accordingly, disabled Canadians are more likely to describe themselves as being not too happy.

Although a little less than 4% of Canadians aged 15 and over actually expressed feelings of unhappiness with their lives (See Table 15), it is important to note that 42% of this group is comprised of persons who are limited in their activities due to a long-term health problem.

Level of stress:

The majority of Canadians living with an activity limitation (55%) describe their lives as being fairly or very stressful. This compares to about 47% for the remainder of the population. Conversely, a greater proportion of individuals free of any activity limitation consider their lives as not being stressful at all (See Table 15).

Taking action to cope with stress:

Four out of ten disabled Canadians indicate that they should do something to cope with stress, a ratio which falls to three out of ten in the comparison group (See Table 16).

Among those who pointed to something they should do to help cope with stress, differences are also observed between the study and comparison group in preferred courses of action. Topping the list is to relax and worry less, a mechanism which is cited by a greater proportion of non-disabled Canadians. Second in importance is a need to exercise more, followed by a concern to socialize more. These two courses of action, however, are advocated by all Canadians, regardless of activity limitations. Although not mentioned as often, changing jobs or home is also a preferred mechanism to help cope with stress, especially for disabled individuals (See Table 16).

Barriers to helping cope with stress:

A little more than half of the individuals who state that they should take action in order to help cope with stress also point to factors stopping them from taking such action (See Table 17). This percentage holds equally for the study (52.8%) and the comparison group (54.1%). Lack of time is the barrier most often cited by both groups, yet it is more of an issue to Canadians without an activity limitation. Next, in order of importance (measured by the proportion of individuals who state a given barrier) are the following hindrances: lack of self-discipline or energy, too difficult, too costly, not serious or not urgent enough, and lack of knowledge (See Table 17). These obstacles appear to be shared equally by disabled and non-disabled Canadians.

Although raised by less than 1% of Canadians, it is interesting to note that "lack of knowledge" is cited by considerably more Canadians as an obstacle to coping with stress, than as a barrier to improving one's health.

Improving One's Health: Past and Future

Most important thing done in the year preceding the survey to improve one's health:

While approximately seven out of ten Canadians with an activity limitation did something to improve their health in the year prior to the survey, this ratio is approximately six out of ten for the remainder of the population (See Table 18).

Increasing exercise is, by far, the most chosen course of action to improve one's health. It is, however, a mechanism selected by a considerably higher proportion of Canadians who are not restricted in their activities (30.3%), compared to those with an activity limitation (22.6%). On the other hand, it appears that a greater proportion of activity-limited Canadians have relied on medical treatment or weight control techniques as means to improve their health (See Table 18). Improving eating habits and reducing smoking were also popular actions taken in the year preceding the survey by both groups.

Action planned next year to improve one's health:

A slightly higher proportion of Canadians who report an activity limitation (66.2%) were planning to take action in the year following the survey in order to improve their health, compared to those without such limitations(60.8%) (See Table 19). In essence, these proportions are essentially the same as for those who indicated that they did something in the year preceding the survey to improve their health in the study and comparison groups.

Again, increasing exercise appears to be the number one priority for those individuals wishing to improve their health status. In contrast, for the proportion of individuals who selected exercise as their preferred mechanism for improving their health in the preceding year, no marked differences are observed with respect to activity limitation status. One out of three Canadians reports to be planning to exercise more, irrespective of activity-limitation status (See Table 19).

As was the case with actions taken in the year preceding the survey, intending to lose weight and receiving medical treatment are mechanisms more likely to be selected by Canadians who report an activity limitation (See Tables 18 & 19). While medical treatment seems to appeal less to disabled Canadians for the upcoming year, in comparison to the preceding year, the reverse holds true for the intention to lose weight. Improving eating habits and reducing or quitting smoking are also popular health plans, shared equally by disabled and non-disabled Canadians. This latter course of action seems to appeal to Canadians more for the coming year, than is evident from actions in the preceding year (See Tables 18 & 19).

Lifestyle

Exercise:

More than half (56%) of Canadians without an activity limitation describe themselves as regular exercisers (i.e., people who exercise more than twice a week). As shown in Table 20, regular exercisers comprise 48% of Canadians with an activity limitation. The most striking differences between these groups, however, are observed within the sedentary category, where 25% of limitation-free individuals and 35% of disabled Canadians report being inactive. In fact, one out of four Canadians who report a sedendary level of activity is also afflicted by an activity limitation.

In addition, the findings of the HPS indicate clearly that Canadians free of activity limitations are more likely to claim that they are getting as much exercise as they need (45%), compared to their counterparts who report a restriction in their activities (30%). Although the differences between the two groups are considerable, it is interesting to note that in both cases the majority of the population feels that they are not getting enough exercise (See Table 21).

Canadians with an activity limitation exhibit a greater propensity to describe themselves as less active than other people their age. In fact, one out of three of three Canadians who perceives himself or herself as being less active is also disabled. This negative perception is noteworthy in view of the fact that only 25% of all inactive (sedentary) Canadians actually has an activity limitation.

When it comes to the belief that more exercise can be beneficial to one's health, no major differences emerge. More than fifty percent of Canadians think that exercise will either improve their health moderately or a great deal, regardless of their activity limitation status (See Table 23).

Alcohol and tobacco consumption:

For purposes of analysis, alcohol consumption was classified according to the basic classification used in the Canada Health Survey. In this regard, a life-long abstainer refers to someone who has never drank alcohol; a former drinker is someone who used to drink but has had no alcohol in the last 12 months; an occasional drinker is defined as one who drinks less than once a month; and a regular drinker is one who drinks alcohol more than once a month (See Table 24).

While there is a greater proportion of regular drinkers among Canadians who are not restricted in their activities (46% compared to 32%), the frequency of occasional and former drinkers is greatest among Canadians with an activity limitation (See Table 24).

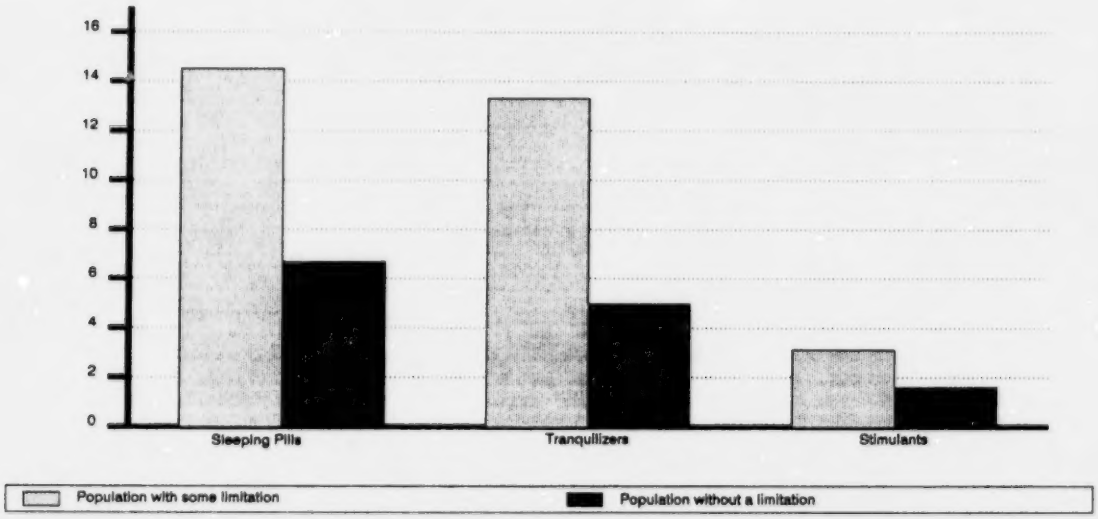
With respect to smoking behaviour, there are essentially very small differences between activity-limited Canadians and the remainder of the population. Although, as shown in Table 24, Canadians in the former group exhibit a slightly higher propensity to smoke regularly (33% compared to 30%) (See Table 24).

Drug use:

Canadians affected by an activity limitation are somewhat more likely to consume sleeping pills (14.5%) and tranquilizers (13.3%), when compared to the remainder of the population (6.7% for sleeping pills; 5.0% for tranquilizers) (See Figure D & Table 25).

Although no direction of causation can be inferred from these cross-sectional data, this does not preclude the possibility that activity-restricted Canadians may consume more drugs because of their disabling conditions. As was demonstrated by Lamarche in Canada's Health Promotion Survey's Technical Report[12], the greatest consumers of sleeping pills are women, retired individuals, housekeepers and Canadians in the lowest education and income groups, all of whom are subgroups of the population in which activity-limited individuals are predominant.

Figure D. Age-Standardized Distribution of Drug Use, by Activity Limitation Status, Age 15+, Canada, 1985.



Eating habits:

In general, the eating habits of activity limited Canadians closely resemble those of their limitation-free counterparts, where roughly 17% of Canadians have nothing more than tea or coffee for breakfast on a regular basis (See Table 26). However, survey findings suggest that the belief that one can improve one's health by improving one's eating habits is shared by a greater proportion of activity-limited Canadians (72%), than their limitation-free counterparts (66%) (See Table 27).

When asked whether there are any foods that one should avoid or eat more frequently, the perception of Canadians varies slightly between the study and comparison groups. In general,

Canadians with an activity limitation are more likely to agree that there are foods that they should eat more frequently, and that conversely, there are foods that one should avoid (See Tables 28 & 29).

Among those who say that there are foods which should be avoided, there appears to be a fair degree of agreement between the study and comparison groups on what types of food to avoid. Foods that are rich in fat are mentioned most often, followed, in order, by foods high in cholesterol, sugar and salt (See Table 28).

A similar pattern is observed when it comes to the identification of foods that one should try to eat more frequently. Among those who agree that there are foods that should be consumed more often, fruits and vegetables appear at the top of the list, irrespective of one's activity-limitation status (See Table 29). Meat appears as the second most often cited category of food, with a slightly higher number of such proponents among Canadians without an activity limitation (See Table 29).

Although no marked differences exist between the study and comparison groups, it is interesting to note that approximately 26% of Canadians share the impression that keeping a healthy diet is expensive and time consuming (See Table 30). This finding is even more interesting in view of the fact that 35% of Canadians have already been identified as being overweight or obese.

Safety

Seatbelt usage:

For analytical purposes, a regular car driver or car passenger was defined as an individual who reports travelling at least one kilometer per week in a private vehicle, either as a driver or a passenger (Questionnaire items 52 and 53). While a greater proportion of limitation-free Canadians appear to be regular drivers of automobiles (74.5%), than those who are restricted in their activities (69.6%), the trend reverses when it comes to car passengers (See Table 31).

Approximately eight out of ten Canadians report wearing their seatbelts always or most of the time while driving a car or while riding in it as a passenger (See Table 32). With respect to this safety practice, no marked differences are observed between individuals with an activity limitation and the remainder of the population.

The average number of kilometers travelled as a driver or car passenger is also essentially the same for disabled and non-disabled Canadians, with approximately 225 per week for car drivers and approximating 70 per week for car passengers (See Table 33).

In addition, the findings reported in Table 33 suggest that the propensity to make frequent use of seatbelts (always or most of the time) decreases as the number of kilometers driven in a private vehicle increases. Although this trend is observed in both the study and comparison groups, it is more pronounced among Canadians free of any activity limitation.

With the exception of those Canadians who report an activity limitation, a similar trend is observed with respect to car passengers, where on average, the propensity to "buckle up" decreases as the number of kilometers increases (See Table 33).

Other safety measures:

With the exception of owning a fire extinguisher, slight differences are observed between the study and comparison group with respect to safety related items and measures. The findings reported in Table 34, suggest that a greater proportion of Canadians with an activity limitation have taken first aid training in the last three years; can administer cardio-pulmonary resuscitation (CPR); and have a first aid kit or a smoke detector in their homes.

Social Relationships

Six out of ten Canadians report that they see several persons (11 or more) on a regular basis, a finding which holds equally for both Canadians who are limited in their activities and those who are not (See Table 35). Slight differences are, however, observed between these groups with respect to the number of persons they consider as being close friends. Indeed, a greater proportion of individuals with an activity limitation indicate that half or more of the people they see on a regular basis are considered close friends (See Table 35).

Friendships expose one to the health habits of friends, and in order to explore the potential effect of these relationships, respondents were also asked to comment on selected lifestyle characteristics of their social network. The findings reported in Table 36 suggest that the proportion of individuals who have friends who smoke cigarettes, who drink too much, who make regular use of marijuana, and who exercise regularly are equally distributed among Canadians who are restricted in their activities and the remainder of the population. It is interesting to note that eight out of ten Canadians have friends (either a few, or more than half) who exercise on a regular basis. It is also noteworthy that nine out of ten Canadians have friends (a few, or more than half) who smoke cigarettes, and that one out of two Canadians have friends (a few, or more than half) who drink too much (See Table 36). These ratios ave very similar for both the study and comparison group.

One's spouse is normally the closest person in one's social network. Therefore, it is interesting to analyze selected lifestyle characteristics of married Canadians in conjunction with their spouses' health habits. For the purpose of displaying this analysis, Table 37 was constructed. Focussing on married Canadians only, information was derived from questionnaire item #73 which asked the following: "Does your spouse do any of the following?... Exercise regularly? Smoke cigarettes? Drink too much? Overeat? Use tranquilizers? Smoke marijuana?" These data were then cross-classified with information related to the respondents' own lifestyle and health behaviour. While variables such as "exercise regularly", "smoke cigarettes", "smoke marijuana", "drink too much" and "use tranquilizers" are derived directly from precise items in the questionnaire, the variable "eat too much" had to be constructed. This variable isolates those individuals who responded affirmatively to the question "Does your

spouse overeat?" (Question 73), while also indicating that they intend to lose weight and to improve their eating habits next year (questionnaire items 109c and d). The rationale for this choice is based on the likelihood that individuals who intend to lose weight along with improving their eating habits, may have nutrition problems. Consequently, this information may be used as a reasonable facsimile for the variable "eat too much."

With the exception of exercise, the findings reported in Table 37 suggest that there are considerable differences between Canadians with an activity limitation and the remainder of the population, with respect to the proportion of husbands and wives who share similar lifestyles. It appears that smoking cigarettes is a habit shared by a greater proportion of couples from the limitation-free group. Conversely, the likelihood of both partners drinking too much, eating too much, smoking marijuana and using tranquilizers is greater among the disabled. This likelihood is particularly high in the case of eating too much and using tranquilizers (See Table 37).

Opinions on Selected Health Issues

Respondents were asked to comment on several statements related to health and lifestyle issues.

Smoking:

No marked differences are observed between disabled Canadians and their non-disabled counterparts with respect to most smoking related issues. The majority of Canadians agree that children are likely to smoke if their parents smoke; that women should not smoke during pregnancy; that non-smokers should be provided smoke-free work areas; and that smokers should ask permission before smoking near others.

Although the majority of Canadians disagree with the statement "smoking helps you stay slim", this view is shared by a greater proportion of Canadians without an activity limitation (66.4%), than those with limitations (60.6%).

Roughly three out of ten Canadians, irrespective of activity-limitation status, are convinced that heavy smokers who quit after ten years of smoking will reduce their risk of disease. However, 14% of disabled individuals, and 11% of those without disabilities share the view that heavy smokers will not reduce their disease risk when quitting after ten years of smoking.

Drinking:

Canadians from both the study and comparison group estimate they can have roughly three drinks over a three-hour period, before their driving will be affected adversely. This estimate is about the same for the number of drinks one can have over a three-hour period before being over the legal limit for blood alcohol level when driving. The groups also agree with respect to the weekly volume of alcohol one can consume without endangering one's health, which is estimated to be about eight drinks per week. It is important to note, however, that 20% of Canadians did not or could not provide an estimate ("don't know") for these questions.

The likelihood of agreeing with the statement "I feel obligated to drink socially" is greater among Canadians who report no restriction in their activities (22.6%), than among their disabled counterparts (17.7%). Conversely, no marked differences are observed between the groups with respect to the proportion of individuals (40%) who feel that most people don't mind if you get intoxicated once in a while.

Marijuana use:

Approximately one out of five Canadians does not know whether the occasional use of marijuana will affect their physical or mental health. This ratio holds for both Canadians who report a restriction in their activities and those who do not.

Among those who feel that marijuana usage can have damaging effects on one's health (roughly 60% of Canadians), memory loss and brain damage are the most often cited effects, regardless of activity-limitation status.

Very few Canadians (less than 4%) believe that marijuana can have relaxing or positive effects. Alternately 26.2% of disabled Canadians and 22.2% of non-disabled Canadians believe that the occasional use of marijuana can result in addiction to harder drugs.

Health promotion:

School/educational settings appear to be seen as a more appropriate environment than the work place to promote good health. This opinion is shared equally among individuals who report an activity limitation and those who do not (i.e., more than nine out of ten for school; a little less than seven out of ten for work).

No marked differences are observed between the study and comparison groups with respect to their awareness of accident prevention or health promotion programs in the workplace, where approximately one out of two wage earners are aware of the existence of such programs.

Government Involvement in Health Related Issues

Respondents to Canada's Health Promotion Survey were asked to express an opinion about the importance of government involvement in selected health issues. Their opinions were recorded on a ten point scale (Questionnaire, item 79). For purposes of analysis, low scores on the scale (one to three) were classified as "not important"; medium scores (four to six) were grouped to form a "moderately important" category; and high scores (seven to ten) comprised the "very important" category.

With the exception of "eating habits", the majority of Canadians consider it very important that government get involved in health issues. The proportion of Canadians urging this involvement is essentially the same, regardless of the person's activity-limitation status (See Table 38). In order of importance, the health issues for which the greatest proportion of Canadians feel it is very important that the government play an active role are: acci-

dent prevention on the road, drug use, child health, and alcohol consumption. Conversely, issues such as nutrition and hypertension, although important, are not seen as a domain where government involvement is really needed. It is noteworthy that a significant proportion of individuals (on average 4%) do not know whether the government should get involved in these health issues (See Table 39).

Need for information

A little less than one out of four Canadians express the need to obtain more information on health topics, a proportion which is slightly higher for Canadians with an activity limitation (See Table 40).

Among those Canadians who express such a need, major differences emerge with respect to activity-limitation status. Specifically, the groups differ in terms of the most important topic on which health information is needed. Canadians without an activity limitation point to nutrition most often as the issue on which they need more information. On the other hand, accident and safety prevention is the topic for which the highest proportion of disabled express a need for information (See Table 40).

DISCUSSION

Reducing socio-economic inequities in health has recently been identified as the most important challenge for health promotion in Canada[13]. In view of this challenge, the findings from Canada's Health Promotion Survey are of much importance as they reflect on both the socio-economic and the health status of the disabled.

Findings highlight significant differences in labour force participation, level of reported income, and level of education for Canadians who are restricted in their activities, compared to the remainder of the population. These findings are consistent with other studies which suggest the disadvantageous position of the disabled concerning socio-economic inequities in health[14,15].

These disparities are greatly accentuated in view of the fact that Canadians with activity limitations also tend to be older people, women, unemployed or low income earners, and have less education. And it is these people who are most likely to report a lower health status and quality of life [16,17,18]. In such a context, Canadians with an activity limitation represent not only an important challenge but also a priority for health promotion in Canada.

The findings of the HPS also highlight the transportation and leisure needs of Canadians who are restricted in their activities. Other surveys have already documented these needs[19,20,21]. Therefore it appears that this is one of the best documented aspects of the lives of disabled persons[22]. In addition, it has been demonstrated that seniors (which comprise 34.3% of the disabled in this report) who have many social activities enjoy happier and

healthier lives[23]. Consequently, it appears essential to develop policies and programs which focus on the unmet transportation and leisure needs of the disabled, especially when access to transportation or leisure activities becomes a barrier to social and health promoting activities.

Restriction in the home is also a major concern to Canadians who are limited in their activities. These individuals are much more likely to require assistance of others in performing everyday household tasks. Yet, existing home care programs are only scarcely distributed and, at best, provide palliative services[24].

With an aging Canadian population, it seems likely that the demand for services, such as home care, will increase markedly in the future. Therefore, prime importance should be accorded to persons who are restricted in their home activities, especially the elderly, in developing and implementing special home care and maintenance programs. In such a context, community and volunteer participation, along with an individual case-management approach[25], appear to be plausible complementary alternatives to publicly funded programs and institutional resources.

Findings from the HPS also indicate that adult Canadians with an activity-limitation problem are more likely to perceive their overall health status as being poor or fair. Whether such a perception is a direct result of the group's disabling condition or whether it emanates from their disadvantageous position (socio-economic, physical, education and accessibility, to name a few), is not clear from the present data. However, it does seem clear from the foregoing descriptive analysis that special programs aimed at reducing these social and economic obstacles should be developed for this target population.

The most striking differences in the health practices of adult Canadians with an activity limitation and those free of such limitations, are in their levels of physical activity and their use of medication. While it is recognized that individuals who are living with a restriction in their major activities may face greater obstacles when it comes to engaging in physical activity, it still appears that appropriate methods of encouraging them to exercise more would have beneficial effects, in both their physical condition and psychological well-being[26,27].

In addition, people still need to be convinced that they can find both the time and the energy to exercise on a regular basis, a recommendation that holds for all Canadians. Furthermore, this is probably more crucial to those who are restricted in their activities, since other studies have demonstrated that non-participants in physical-activity programs tend to believe that such activities are not reconcilable with their daily activities[28,29]. Consequently, physical activity programs directed at the activity-limited population should be designed with the objective of convincing them that they can incorporate these routines into their daily lives.

The foregoing descriptive analyses have demonstrated that a larger proportion of Canadians with an activity limitation have relied, and plan to rely, on medical treatment as a means to improve their health, in comparison

with those who are not restricted in their activities. This finding, coupled with the disabled's higher propensity to consume more sleeping pills, tranquilizers and stimulants, emphasizes the need to promote health practices (e.g., exercise, relaxation), which have proven to be effective in improving health, while discouraging the utilization of inappropriate and/or ineffective medical treatments.

The examination of variables such as body mass index, intention to lose weight, a concern to improve eating habits, and a tendency to eat too much, lead one to conclude that the disabled face special weight and nutrition problems. Whether such problems are associated with their level of inactivity is not clear from the foregoing analysis. However, the data in this report do suggest that Canadians living with a disabling condition appear to be in greater need of information about good eating habits and weight control, even though they tend to express negative opinions on their need for this type of information.

REFERENCES AND NOTES

1. The exact wording of question 16 from the Canada's Health Promotion Survey is as follows: Are you limited in the kind or amount of activity you can do because of a long-term physical condition or health problem? By long term I mean a condition that has lasted or is expected to last more than 6 months.

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3. Mansner J.S., Bahn A.K., *Epidemiology: An Introductory Text,* W.B. Sounders Company, Toronto, 1976.

4. Health and Welfare Canada and Statistics Canada, *The Health of Canadians: Report of the Canada Health Survey,* Catalogue 82-538E, Ottawa, June 1981, Table .

5. Statistics Canada and the Department of the Secretary of State of Canada, *Report of the Canadian Health and Disability Survey,* 1983-84, Catalogue 82-555, Ottawa, July, 1986.

6. Statistics Canada, *General Social Survey Analysis Series. Health and Social Support 1985,* Catalogue 11-612, No.1, December 1987.

7. The Canadian Health and Disability Survey (CHDS) used a more rigorous approach in the identification of long-term activity limitation. To provide a more precise estimation of the population with an activity limitation, a series of indicators referred to as Activities of Daily Living (ADL) were constructed and used in the CHDS. In the CHDS, respondents were asked to report on those long-term difficulties which are expected to last more than 6 months. In comparison, the approach used in the Canadian General Social Survey (CGSS) asked the respondents to report on what they can do on a average day. Respondents in the CHDS were further asked to identify the main condition or health problem which causes the limitations, and at what age it started. It is estimated that these additional questions reduce the likelihood of reporting either very minor or episodic limitations, which is not the case with CGSS. Meanwhile, the concept of activity limitation was measured similarly in the Canada Health Survey (CHS) and Canada's Health Promotion Survey (HPS) by using the approach in which limitation is measured simply in terms of a person's ability to perform social and economic roles such as going to school, keeping house or working at paid employment. For further details, the reader is referred to the Report of the Canada Health Survey, op. cit.; to the Report of the Canadian Health and Disability Survey, op. cit.; to the General Social Survey Analysis Series, op. cit.; and to Binder D.A. and Horin J.P., "The Use of Activities of Daily Living Questions to Screen for Disabled Persons in a Household Survey", presentation to the annual meeting of the International Statistical Institute, Tokyo, September, 1987.

8. *Report of the Canadian Health and Disability Survey*, op. cit., Page 17.

9. *General Social Survey Analysis Series, Health and Social Support*, op. cit., Page 123.

10. Respondents were classified in four relative weight categories using Quetelet Index, or body mass index which is a measure of weight for height. The categories range from underweight, acceptable (or normal), overweight and obese. The use of the body mass index is widespread, but not without controversy, as it treats the categories as if on a continuum. For further details, the reader is referred to Bray C. (ed), "Obesity in America", U.S. Department of Health Education and Welfare, NIH, Publication No. 79-359, Bethesda, Md, 1979:6; and Revichi, D.A., Richard G., "Relationship between Body Mass Indices and Measures of Body Adiposity", Am. J. Public Health, 1986; 76(8): 922-994.

11. The findings of the Canadian General Social Survey indicate that 6% of Canadians without an activity limitation report 10 or more physician consultations in the past year, compared to 40% of those with an activity limitation. Reference: *General Social Survey Analysis Series*, op. cit., Table 48, Page 146.

12. Lamarche P. "Drug Use", in *Canada's Health Promotion Survey: Technical Report,* Rootman I., Warren R., Stephens T., and Peters L., eds., Health and Welfare Canada, Ottawa, Minister of Supply and Services, 1988.

13. Epp, Jake, *Achieving Health for All: A Framework for Health Promotion,* Health and Welfare Canada, Catalogue h39-102/1986E, Ottawa, 1986.

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25. The concept of individual case-management has been developed with the objective of providing non-institutionalized services to mentally handicapped persons. The principles underlying the case-management approach consist of a thorough evaluation of the person's individual needs by a multi-disciplinary team of health care providers. The objective is to provide services to the person through a personalized service plan which takes into account the special needs of the individual. The concept of case-management has recently been enlarged to encompass home care services provided with a health perspective. For further details, the reader is referred to:

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    Steinberg, R., Carter, G.W., *Case Management and the Elderly's, Handbook for Planning and Administrating Programs,* Lexington Books, D.C. Health and Company, Lexington, Mass, 1983.

26. Kofsky P.R., Shephard R.J., Jackson R.W., *Factors Influencing Fitness and Life-Adjustments of Disabled Individuals,* Research Report no.6606-1915-46, submitted to Health and Welfare Canada, Ottawa, 1986.

27. Stephens T., *Health Practices and Health Status: Evidence from the Canada Health Survey,* National Centre for Health Statistics, Hyattsville, Maryland, April 1985.

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APPENDIX 1: TABLES

Table 1. Distribution of Age and Sex, by Activity Limitation Status, Age 15+, Canada 1985.

Activity Limitation Status

Age and Sex:	Total Population (in 000's)	Population With Some Limitation Row %	Population With Some Limitation Column %	Population Without A Limitation Row %	Population Without A Limitation Column%
Both Sexes,					
All ages	19,611	16.1	100.0	83.8	100.0
15-24 years	4,329	8.5	11.7	91.5	24.1
25-44 years	7,976	11.0	28.0	89.0	43.2
45-64 years	4,017	22.0	33.6	78.0	22.9
65+ years	2,445	34.3	26.6	65.6	9.8
Men					
All ages	9,614	13.5	100.0	86.5	100.0
15-24 years	2,200	6.6	11.1	93.4	24.7
25-44 years	3,992	8.8	26.9	91.2	43.8
45-64 years	2,362	20.5	37.2	79.5	22.6
65+ years	1,053	30.5	24.7	69.5	8.8
Women					
All ages	9,952	18.5	100.0	81.4	100.0
15-24 years	2,129	10.5	12.1	89.5	23.5
25-44 years	3,984	13.3	28.8	86.7	42.6
45-64 years	2,448	23.4	31.1	76.5	23.1
65+ years	1,391	37.2	26.0	62.7	10.8

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not add to 100% due to rounding.

Table 2. Population with an Activity Limitation, by Type of Limitation, Age and Sex, Age 15+, Canada, 1985.

Type of Limitation

Age and Sex:	Total (in 000's)	Limited at Home (Row %)	Limited at School/ Work (Row %)	Limited in Transportation/ Leisure (Row %)
Both Sexes,				
All Ages	3,143	54.9%	29.3%	69.8%
15-24	368	38.9%	41.3%	69.8%
25-44	880	36.5%	29.8%	70.5%
45-64	1,058	60.8%	33.0%	67.7%
65+	837	73.8%	19.0%	71.8%
Men				
All Ages	1,301	48.4%	33.8%	69.1%
15-24	144	27.0%	32.6%	81.2%
25-44	350	34.9%	34.8%	67.7%
45-64	485	54.8%	36.5%	69.3%
65+	321	67.0%	29.0%	65.4%
Women				
All Ages	1,843	58.8%	26.2%	70.2%
15-24	224	46.4%	46.4%	62.5%
25-44	531	37.5%	26.6%	72.3%
45-64	573	65.8%	30.2%	66.3%
65+	516	78.1%	12.6%	75.8%

Note: The sum of percentages across the rows may exceed 100% because categories are not mutually exclusive.

Table 3. Age-Standardized and Observed Distribution of Activity Limitation Status, by Sex, Age 15+, Canada, 1985.

Sex:	Total Population (in 000's)	Activity Limitation Status: Population With Some Limitation		Activity Limitation Status: Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Men	9,614	41.4%	40.9%	50.6%	50.4%
Women	9,952	58.6%	59.1%	49.4%	49.6%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding..

Table 4. Age-Standardized and Observed Distribution of Education, by Activity Limitation Status, Age 15+, Canada, 1985.

Education:	Total Population (in 000's)	Activity Limitation Status: Population With Some Limitation		Activity Limitation Status: Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Elementary or less	2,375	21.9%	14.5%	10.3%	11.4%
Secondary	10,223	49.2%	51.4%	52.8%	52.3%
College	3,276	13.8%	18.0%	17.3%	16.9%
University	3,492	13.4%	14.6%	18.3%	18.5%
Other	80*	---	---	---	---

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.
--- Data not releasable as coefficient of variation exceeds 33.3%.

Table 5. Age-Standardized and Observed Distribution of Marital Status, by Activity Limitation Status, Age 15+, Canada, 1985.

Marital Status:	Total Population (in 000's)	Activity Limitation Status: Population With Some Limitation		Activity Limitation Status: Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Married	12,036	63.7%	59.6%	61.1%	61.8%
Single	5,320	18.5%	27.8%	28.9%	27.1%
Widowed	1,189	11.7%	6.4%	5.0%	6.0%
Separated/ divorced	1,017	6.1%	6.2%	5.05	5.1%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 6. Age-Standardized and Observed Distribution of Labour Force Activity, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Labour Force Activity:					
Working	10,380	36.7%	44.3%	56.2%	55.0%
Looking for work	976	4.0%	6.2%	5.2%	5.0%
Student	2,299	5.7%	10.3%	12.9%	11.4%
Retired	2,171	25.7%	14.0%	8.3%	10.2%
Keeping house	3,417	22.9%	21.0%	16.4%	16.9%
Other	181	3.9%	3.4%	0.4%*	0.4%*

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.

Table 7. Age-Standardized and Observed Distribution of Unemployment Experience, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Have you been unemployed for more than a year in the last five years:					
Yes	5,279	29.5%	30.1%	26.5%	26.5%
No	14,057	69.3%	69.1%	72.3%	72.2%
Not stated	230	1.3%	0.9%*	1.2%	1.3%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.

Table 8. Age-Standardized and Observed Distribution of Income, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Income quintile:					
First	2,825	35.9%	30.2%	20.1%	21.0%
Second	2,436	17.5%	15.6%	19.8%	19.8%
Third	2,589	19.4%	22.3%	20.9%	20.6%
Fourth	2,179	12.1%	13.5%	18.4%	17.9%
Fifth	2,510	15.7%	18.4%	20.9%	20.7%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 9. Age-Standardized and Observed Distribution of Self-Assessed Health, by Activity Limitation Status, Age 15+, Canada 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Health Status:					
Excellent	4,894	8.8%	8.9%	28.1%	27.9%
Very Good	6,993	21.3%	24.6%	38.5%	38.2%
Good	5,265	30.2%	33.4%	26.3%	26.2%
Fair	1,825	24.4%	22.4%	6.4%	6.7%
Poor	582	15.2%	10.5%	0.6%*	---

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.
--- Data not releasable as coefficient of variation exceeds 33.3%

Table 10. Age-Standardized and Observed Distribution of the Most Important Thing One Should Do for One's Health, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Anything you should do to improve your health:					
Yes	13,237	59.5%	69.5%	69.2%	68.0%
No	6,314	40.4%	30.4%	30.7%	31.8%
Course of Action:[1]					
Exercise more	7,964	60.0%	60.7%	60.2%	60.1%
Quit/stop smoking	1,982	12.7%	14.0%	15.3%	15.3%
Improve eating habits	1,476	10.8%	10.3%	11.2%	11.2%
Lose weight	967	9.4%	9.3%	6.9%	7.0%
Other	794	6.9%	5.0%	5.8%	5.9%

Note: 1. Includes only those individuals who stated that they should do something to improve their health.
Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 11. Age-Standardized and Observed Distribution of Barriers to Improving One's Health, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Any Barriers to improving your health:[1]					
Yes	6,073	39.0%	38.1%	47.0%	47.7%
No	7,019	59.4%	61.9%	51.9%	52.4%
Barriers:[2]					
Lack of time	2,880	45.9%	56.6%	47.6%	46.9%
Lack of discipline or energy	2,576	49.0%	49.2%	41.5%	41.7%
Do not want to change habits	320	6.4%*	6.1%*	5.1%	5.1%
Too difficult	291	12.8%	9.8%*	3.7%	3.7%
Not serious/urgent	197	8.0%*	8.9%*	2.6%	2.6%
Too costly	161	6.2%*	5.0%*	2.2%	2.1%
Other	1,150	42.6%	34.4%	15.7%	15.8%

Note: 1. Includes only those individuals who stated that they should do something to improve their health.
2. Represents those individuals who pointed to something that is stopping them from improving their health.
Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.

Table 12. Age-Standardized and Observed Distribution of Body Mass Index, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Body Mass Index:					
Underweight	1,662	11.0%	11.5%	8.1%	7.9%
Normal weight	10,936	42.9%	44.7%	59.1%	58.3%
Overweight	5,469	37.0%	34.8%	26.5%	27.3%
Obese	1,316	9.5%	9.0%	6.3%	6.5%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table13. Age-Standardized and Observed Distribution of Recency of Blood Pressure Checks, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation Observed	Population With Some Limitation Standardized	Population Without A Limittion Observed	Population Without A Limittion Standardized
Last time blood pressure was checked:					
Last 6 months	11,140	72.4%	67.1%	54.0%	54.9%
More than 6 months	7,593	24.1%	27.9%	41.6%	41.0%
Never	473	1.3%*	1.9%*	2.6%	2.5%
Do not know	352	2.1%*	3.1%	1.7%	1.4%

Note: Population estimates may not sum to 19,611, because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.

Table 14. Age-Standardized and Observed Distribution of High Blood Pressure, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population[1] (in 000's)	Population With Some Limitation Observed	Population With Some Limitation Standardized	Population Without A Limitation Observed	Population Without A Limitation Standardized
As far as you know, is your blood pressure high:					
Yes	1,776	18.3%	16.8%	7.8%	8.3%
No	16,718	80.4%	81.9%	90.9%	90.4%
Do not know	221	1.1%*	1.1%*	1.2%	1.2%

Note: 1. Excludes individuals who report that they never had their blood pressure taken, or that they do not know when their blood pressure was last taken.
Population estimates may not sum to 19,611 due to non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.

Table 15. Age-Standardized and Observed Distribution of Self-Rated Happiness and Level of Stress, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation Observed	Population With Some Limitation Standardized	Population Without A Limitation Observed	Population Without A Limitation Standardized
Level of Happiness:					
Very happy	8,205	29.7%	31.5%	44.3%	44.0%
Pretty happy	10,609	60.4%	60.1%	53.0%	53.2%
No too happy	743	9.9%	8.4%	2.6%	2.7%
Is your life:					
Very stressful	1,723	12.0%	11.8%	8.2%	8.1%
Fairly stressful	7,615	41.0%	43.9%	38.5%	37.9%
Not very stressful	7,571	35.7%	35.7%	39.3%	39.5%
Not at all stressful	2,606	10.9%	8.3%	13.8%	14.3%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 16. Age-Standardized and Observed Distribution of the Most Important Thing One Should Do to Help Cope with Stress, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Anything you should do to help cope with stress:					
Yes	6,136	33.1%	39.0%	31.0%	30.6%
No	13,412	66.9%	60.9%	68.9%	69.3%
Course of action:[1]					
Relax/worry less	3,252	50.0%	48.3%	53.6%	53.7%
Exercise more	1,027	14.5%	16.5%	17.2%	17.0%
Socialize/get out	530	9.4%	9.0%	8.5%	8.5%
Change jobs/home	284	6.6%*	6.7%*	4.2%	4.2%
Other	938	18.0%	18.2%	14.7%	14.7%

Note: 1. Includes only those individuals who stated that they should do something to help cope with stress.
Population estimates may not sum to 19,611 due to non-respondents.
Percentages may not add to 100% due to rounding.
* Data to be used with caution because of high sampling variability.

Table 17. Age-Standardized and Observed Distribution of Barriers to Coping with Stress, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Any barriers in helping cope with stress:[1]					
Yes	3,126	50.0%	52.8%	51.1%	54.1%
No	2,727	46.5%	47.2%	44.0%	45.9%
Barriers:[2]					
Lack of time	1,168	25.4%	26.5%	39.8%	39.2%
Lack of self-discipline/energy	352	11.7%	11.6%	11.2%	11.1%
Too difficult	225	8.4%	6.8%	7.0%	6.9%
Too costly	168	5.2%*	5.1%*	5.4%	5.4%
Lack of knowledge	148	---	---	4.8%	4.6%
Not serious/urgent	110	4.6%*	4.8%*	3.3%*	3.3%*
Other	655	35.8%	35.6%	18.0%	18.0%

Note: 1. Includes only those individuals who stated they should do something to help cope with stress.
2. Represents only those individuals who pointed to something stopping them from taking action to cope better with stress.
* Data to be used with caution because of high sampling variability.
--- Data not releasable as coefficient of variation exceeds 33.3%.

Table 18. Age-Standardized and Observed Distribution of Most Important Action Taken in the Year Preceding the Survey to Improve One's Health, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Action taken:					
Nothing	7,266	35.3%	32.7%	37.5%	38.5%
Increased exercise	5,697	18.5%	22.6%	31.1%	30.3%
Lost weight	783	5.5%	6.3%	3.7%	3.7%
Improved eating habits	2,269	12.1%	13.6%	11.5%	11.2%
Quit/reduced smoking	767	2.7%	3.3%	4.1%	4.0%
Received medical treatment	675	11.6%	8.6%	1.9%	2.0%
Other	1,875	13.2%	11.7%	10.2%	9.3%

Note: Population estimates do not sum to 19,611, as this includes only individuals who have taken actions to improve their health.
Percentages may not sum to 100% due to rounding.

Table 19. Age-Standardized and Observed Distribution of Actions Planned Next Year to Improve One's Health, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Action planned:					
Nothing	7,501	39.1%	33.8%	38.2%	39.2%
Increase exercise	6,449	25.1%	32.2%	34.5%	33.6%
Improve eating habits	2,603	10.9%	12.2%	13.8%	13.4%
Quit/reduce smoking	2,024	7.6%	9.3%	10.9%	10.6%
Lose weight	1,903	14.0%	15.6%	8.9%	8.9%
Receive medical treatment	391	7.9%	6.3%	0.9%	1.0%
Other	1,718	10.2%	8.7%	8.5%	8.6%

Note: Population estimates exced 19,611, as respondents could indicate all actions that apply.
Percentages may not sum to 100% due to rounding.

Table 20. Age-Standardized and Observed Distribution of Frequency of Exercise, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Frequency of exercise:					
Regularly (3+ times/week)	10,639	44.8%	47.7%	56.2%	56.0%
Occasionally (1-2 times/week)	3,495	12.5%	16.1%	18.9%	18.5%
Sedentary (less than once/week)	5,272	41.2%	35.0%	24.2%	24.9%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 21. Age-Standardized and Observed Distribution of Opinions on Amount of Exercise, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Are you getting enough exercise					
As much as needed	8,198	30.9%	30.1%	44.0%	44.5%
Less than needed	11,003	65.2%	67.4%	54.5%	53.9%
Do not know	343	3.7%	2.4%*	1.4%	1.5%

Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.

Table 22. Age-standardized and Observed Distribution of Level of Physical Activity, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Compared to others your age are you:					
More active	7,216	23.9%	23.8%	39.4%	40.0%
As active	7,800	33.2%	35.9%	41.1%	40.7%
Less active	3,881	38.2%	37.0%	16.3%	15.9%
Do not know	659	4.5%	3.2%	3.2%	3.3%

Population estimates may not sum to 19.611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 23. Age-Standardized and Observed Distribution of Opinions on the Health Benefits of Exercise, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Would exercise improve your health:					
A great deal	5,621	21.9%	26.7%	27.8%	26.9%
Moderately	6,434	27.2%	29.2%	34.0%	33.7%
A little	4,075	21.7%	21.4%	20.7%	20.8%
Not at all	3,379	23.2%	18.1%	16.1%	17.0%
Do not know	405	5.9%	4.6%	1.3%	1.5%

Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not add to 100% due to rounding.

Table 24. Age-Standardized and Observed Distribution of Type of Drinker and Type of Smoker, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Drinking Behaviour:					
Life-long abstainer	1,511	11.5%	8.9%	7.0%	7.4%
Former	2,040	18.9%	15.5%	8.8%	9.2%
Regular	8,479	30.3%	32.2%	45.8%	45.5%
Occasional	7,511	39.2%	43.2%	38.2%	37.7%
Smoking Behaviour:					
Non-smoker	12,939	67.4%	63.5%	65.9%	66.5%
Regular	5,894	29.5%	32.7%	30.2%	29.8%
Occasional	724	3.1%	3.9%	3.8%	3.7%

Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 25. Age-Standardized and Observed Distribution of Drug Use, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

In the past 12 months have you used:	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Sleeping pills					
Yes	1,601	17.7%	14.5%	6.4%	6.7%
No	17,901	82.2%	85.4%	93.3%	92.9%
Tranquilizers					
Yes	1,260	14.9%	13.3%	4.8%	5.0%
No	18,197	84.5%	86.2%	94.6%	94.5%
Stimulants					
Yes	364	3.1%	3.1%	1.6%	1.6%
No	19,114	96.6%	96.7%	97.9%	97.9%

Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 26. Age-Standardized and Observed Distribution of Frequency of Having Nothing or Only Tea or Coffee for Breakfast, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

Frequency of having nothing, or tea/coffee for breakfast:	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Never	13,833	75.5%	71.9%	69.8%	70.4%
1-6 days/week	2,202	7.8%	10.4%	11.9%	11.6%
7 days/week	3,427	16.0%	17.3%	17.8%	17.5%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 27. Age-Standardized and Observed Distribution of Opinions about the Benefits of Eating Habits, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

Can you improve your health by changing your eating habits:	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Yes	12,980	62.7%	71.6%	67.1%	65.7%
No	6,135	31.9%	24.9%	31.3%	32.5%
Do not know	317	3.7%	2.4%*	1.2%	1.3%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.

Table 28. Age-Standardized and Observed Distribution of Opinions on the Types of Foods One Should Avoid, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

Any foods to avoid:	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Yes	12,492	66.9%	69.5%	63.3%	62.9%
No	6,947	32.1%	29.6%	36.2%	36.5%
What foods:[1]					
Foods high in fat	4,318	31.3%	32.4%	34.8%	34.8%
Foods high in cholesterol	3,346	27.2%	26.6%	26.4%	26.5%
Foods high in sugar	3,054	24.3%	24.9%	24.2%	23.8%
Foods high in salt	1,340	10.9%	11.8%	10.6%	10.8%
Do not know	332	3.7%*	2.5%*	2.4%	2.4%

Note: 1. Includes only those individuals who indicated that there are foods they should avoid.
Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.

Table 29. Age-Standardized and Observed Distribution of Opinions on the Types of Food One Should Eat More Frequently, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation Observed	Standardized	Population Without A Limitation Observed	Standadized
Any foods to eat more frequently:					
Yes	12,256	60.6%	68.7%	63.0%	62.0%
No	7,172	38.4%	30.6%	36.3%	37.3%
What foods:[1]					
Fruits/vegetables	9,373	76.5%	78.1%	75.5%	75.5%
Meat/fish/poultry	1,362	8.7%	7.7%	11.4%	11.4%
Milk/milk products	767	5.8%	6.5%	6.3%	6.2%
Whole grain cereals	661	5.9%	5.5%	5.2%	5.2%
Do not know	76 *	1.3%*	—	0.5%*	0.5%*

Note: 1. Includes only those individuals who indicated that there are foods they should eat more frequently.
Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.
* Data to be used with caution because of high sampling variability.
--- Data not releasable as coefficient of variation exceeds 33.3%.

Table 30. Age-Standardized and Observed Distribution of Opinions on a Healthy Diet, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

Healthy diet is time consuming and expensive:	Total Population (in 000's)	Population With Some Limitation Observed	Standardized	Population Without A Limitation Observed	Standadized
Agree	5,137	28.5%	26.5%	25.8%	25.8%
Disagree	13,483	64.0%	68.1%	70.0%	69.6%
No opinion	755	5.8%	4.3%	3.5%	3.7%

Note: Populatioon estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 31. Age-Standardized and Observed Distribution of Number of Kilometers Driven or Ridden in a Car, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation Observed	Population With Some Limitation Standardized	Population Without A Limitation Observed	Population Without A Limitation Standardized
Car drivers, kilometers per week:					
None	4,638	23.7%	26.7%	22.0%	22.4%
1-99 kms/week	6,300	32.2%	33.6%	32.4%	32.1%
100+ kms/week	7,997	40.8%	36.0%	42.6%	42.4%
Do no know	590	3.0%	3.4%	2.9%	3.0%
Car passengers, kilometers per-week:					
None	7,312	34.2%	31.2%	38.0%	38.6%
1-99 kms/week	9,233	48.6%	52.0%	46.9%	46.3%
100+ kms/week	2,007	10.8%	11.7%	10.2%	10.1%
Do not know	970	5.9%	4.7%	4.8%	4.9%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 32. Age-Standardized and Observed Distribution of Frequency of Seatbelt Use, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

Seatbelt Use:	Total Population (in 000's)	Population With Some Limitation Observed	Population With Some Limitation Standardized	Population Without A Limitation Observed	Population Without A Limitation Standardized
Always	12,828	69.9%	67.9%	64.7%	65.3%
Most of the time	2,496	10.0%	11.4%	13.3%	13.1%
Sometimes	1,659	6.7%	7.5%	8.8%	8.6%
Rarely or never	2,492	12.8%	12.7%	12.7%	12.5%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 33. Activity Limitation Status, by Frequency of Seatbelt Use and Kilometers Travelled in a Car, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population		Population With Some Limitation		Population Without A Limitation	
	Total (in 000's)	Average Kms/Week	Total (in 000's)	Average Kms/Week	Total (in 000's)	Average Kms/Wk
Car Drivers, Seatbelt Use:						
Always/Most of the time	11,157	213.33	1,587	221.76	9,569	212.05
Rarely or never	3,109	270.48	396	235.12	2,720	274.87
Car Passengers, Seatbelt Use:						
Always/Most of the time	9,077	69.43	1,540	75.01	7,535	68.30
Rarely or never	2,158	75.88	323	68.48	1,835	76.43

Table 34. Age-Standardized and Observed Distribution of Selected Safety Measures, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

Safety items or measures:	Total Population (in 000's)	Population With Some Limitation Observed	Population With Some Limitation Standardized	Population Without A Limitation Observed	Population Without A Limitation Standardized
First aid training in last 3 years:					
Yes	4,060	17.3%	24.2%	21.4%	20.6%
No	15,474	82.3%	75.6%	78.5%	79.3%
Can you administer CPR:					
Yes	6,574	33.6%	39.3%	33.6%	32.9%
No	12,926	66.0%	60.5%	66.0%	61.3%
First aid kit at home:					
Yes	4,060	17.3%	24.2%	21.4%	20.6%
No	15,474	82.3%	65.6%	78.5%	79.3%
Smoke detector at home:					
Yes	15,060	76.4%	78.2%	77.1%	76.9%
No	4,444	23.2%	21.6%	22.6%	22.8%
Fire extinguisher at home:					
Yes	9,710	48.4%	48.2%	49.9%	50.1%
No	9,708	50.4%	50.4%	49.8%	49.6%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 35. Age-Standardized and Observed Distribution of Number of Persons Seen on a Regular Basis and Number of Close Friends, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation Observed	Population With Some Limitation Standardized	Population Without A Limitation Observed	Population Without A Limitation Standardized
Number of persons seen on a regular basis:					
None	116	1.4%	0.8%	0.5%	0.5%
A few (1-4)	1,406	9.1%	7.9%	6.8%	6.9%
A moderate amount (5-10)	6,309	32.1%	31.9%	32.3%	32.3%
Several (11+)	11,502	55.5%	58.1%	59.4%	59.2%
How many are close friends:					
None	533	2.4%	1.9%	1.4%	2.9%
A few	11,596	52.2%	56.8%	58.3%	60.2%
Half	3,542	19.6%	20.0%	14.6%	17.8%
Most or all	3,480	21.5%	18.5%	25.6%	17.4%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 36. Age-Standardized and Observed Distribution of Friends' Selected Health Habits, by Activity Limitation Status, Age 15+, Canada, 1985.

How many of your friends:	Total Population (in 000's)	Activity Limitation Status: Population With Some Limitation Observed	Population With Some Limitation Standardized	Population Without A Limitation Observed	Population Without A Limitation Standardized
Exercise regularly:[1]					
None	2,269	13.1%	14.7%	11.3%	13.0%
A few	8,503	39.9%	46.2%	44.2%	48.6%
Half or more	7,118	33.0%	39.5%	37.0%	39.5%
Smoke cigarettes:					
None	1,959	12.4%	10.5%	9.6%	9.7%
A few	8,496	42.9%	41.9%	43.5%	44.0%
Half or more	8,717	41.1%	45.2%	45.2%	44.4%
Drink too much:[2]					
None	8,639	47.8%	43.5%	43.5%	44.2%
A few	8,537	39.7%	43.9%	44.4%	43.7%
Half or more	1,812	7.2%	8.8%	9.7%	9.4%
Use marijuana regularly:					
None	14,308	80.0%	63.6%	71.8%	72.8%
A few	3,146	10.5%	15.4%	17.1%	16.2%
Half or more	920	2.9%	4.5%	5.1%	4.8%

Note: 1. Individuals who exercise 3 times or more a week.
2. Individuals who drink 4 times or more a week.
Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding.

Table 37. Age-Standardized Distribution of Selected Health Practices of Married Canadians, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation	Popuulation Without a Limitation
Proportion of Husbands and Wives Who:			
Exercise regularly[1]	3,716	63.5%	60.5%
Smoke cigarettes	2,165	43.9%	57.8%
Drink too much[2]	89	6.7%	4.9%
Eat too much	52	55.4%	24.9%
Smoke marijuana	129	58.4%	43.7%
Use tranquilizers	132	27.8%	12.3%

Note: 1. Individuals who exercise 3 times or more a week.
2. Individuals who drink 4 times or more a week.

Table 38. Age-Standardized Distribution of Population Who Consider It Very Important that Government Deal with Selected Health Issues, by Activity Limitation Status, Age 15+, Canada, 1985.

Activity Limitation Status

	Total Population (in 000's)	Population With Some Limitation	Population Without a Limitation
Health Issue:			
Total	19,611	16.1%	83.9%
Accident prevention on the road	16,368	79.2%	84.1%
Drug use	15,515	79.5%	79.5%
Child health	15,489	79.5%	79.3%
Alcohol	15,035	75.1%	77.5%
Accident prevention at work	13,849	69.8%	71.0%
Mental health	13,638	70.8%	69.5%
Smoking	11,937	60.7%	61.3%
Accident prevention at home	11,457	60.2%	58.4%
Hypertension	11,125	58.7%	56.8%
Eating habits	9,877	43.4%	40.2%

Table 39. Age-Standardized and Observed Distribution of Opinions on Government Involvement in Health Topics, by Activity Limitation Status, Age 15+, Canada, 1985.

Importance of Government in dealing with:	Total Population (in 000's)	Activity Limitation Status: Population With Some Limitation Observed	Population With Some Limitation Standardized	Population Without A Limitation Observed	Population Without A Limitation Standardized
Prevention on the road:					
Not important	621	3.0%	2.5%	3.2%	3.2%
Important	17,901	88.0%	89.4%	92.2%	91.7%
Do not know	319	6.2%	4.0%	3.2%	3.5%
Child health:					
Not important	653	3.8%	3.7%	3.3%	3.3%
Important	17,698	84.7%	88.9%	91.6%	91.0%
Do not know	853	8.5%	5.5%	3.6%	4.0%
Alcohol:					
Not important	990	6.7%	7.0%	4.7%	4.8%
Important	17,420	84.3%	87.1%	89.9%	89.4%
Do not know	786	6.0%	3.9%	3.6%	4.0%
Drug use:					
Not important	1,056	5.8%	6.5%	5.3%	7.7%
Important	17,387	84.6%	87.4%	89.7%	89.3%
Do not know	816	7.1%	4.7%	3.6%	4.0%
Mental health:					
Not important	865	5.3%	5.9%	4.2%	4.3%
Important	17,371	83.3%	86.0%	89.8%	89.2%
Do not know	865	6.7%	4.4%	4.0%	4.4%
Prevention at work:					
Not important	1,212	5.2%	5.0%	6.4%	6.5%
Important	17,198	84.9%	88.9%	88.5%	87.9%
Do not know	835	7.2%	4.5%	3.7%	4.1%
Prevention at home:					
Not important	1,941	10.0%	9.7%	9.9%	10.0%
Important	16,450	79.7%	83.8%	84.9%	84.3%
Do not know	817	7.5%	4.8%	3.5%	3.9%
Smoking:					
Not important	2,091	10.2%	11.2%	10.8%	10.8%
Important	16,352	81.1%	83.1%	84.1%	83.4%
Do not know	784	6.1%	4.1%	3.6%	4.0%
Hypertension:					
Not important	2,015	8.3%	8.2%	10.7%	10.7%
Important	16,134	79.8%	83.9%	83.0%	82.4%
Do not know	1,037	9.1%	6.1%	4.6%	5.0%
Eating habits:					
Not important	2,785	14.6%	12.6%	14.2%	11.4%
Important	15,520	74.4%	61.4%	80.3%	64.0%
Do not know	843	8.1%	4.5%	3.6%	3.2%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding, and due to the exclusion of "not stated" category from the table.

Table 40. Age-Standardized and Observed Distribution of Needs for Information on Selected Health Topics, by Activity Limitation Status, Age 15+, Canada, 1985.

	Total Population (in 000's)	Population With Some Limitation		Population Without A Limitation	
		Observed	Standardized	Observed	Standardized
Any topics you need information on:					
Yes	4,217	22.4%	24.0%	21.4%	21.1%
No	15,340	77.6%	76.0%	78.6%	78.8%
What topics (those who express a need):					
Nutrition:					
Yes	2,250	46.4%	48.6%	54.8%	54.3%
No	1,512	42.0%	38.9%	34.6%	34.7%
Hypertension:					
Yes	1,872	41.6%	45.2%	44.9%	47.5%
No	1,753	44.5%	40.2%	41.0%	39.2%
Mental health:					
Yes	1,551	39.2%	42.5%	36.3%	38.6%
No	2,029	49.5%	45.7%	47.8%	46.5%
Safety/Accident prevention:					
Yes	1,771	48.9%	53.6%	40.6%	40.0%
No	1,778	38.6%	34.0%	42.9%	43.2%
Smoking:					
Yes	963	19.8%	24.1%	23.4%	22.7%
No	2,587	65.7%	61.1%	60.5%	60.9%
Alcohol:					
Yes	809	16.1%	20.6%	19.8%	19.2%
No	2,680	68.8%	63.2%	62.5%	62.9%
Marijuana:					
Yes	757	15.5%	16.8%	18.4%	17.9%
No	2,744	69.1%	67.1%	64.3%	64.4%

Note: Population estimates may not sum to 19,611 because of non-respondents.
Percentages may not sum to 100% due to rounding and due to the exclusion of "not stated" and "do not know" responses from the table.

APPENDIX 2:
Canada's Health Promotion Survey Questionnaire

Statistics Canada Statistique Canada

HEALTH PROMOTION SURVEY

Telephone Number

Hrd Page - Line No.

First I would like to ask you a few questions about your health.

1. In general, compared to other persons your age would you say your health is...

1 ○ Excellent
2 ○ Very good
3 ○ Good
4 ○ Fair
5 ○ Poor

2. Do you agree or disagree with the following statement? Compared to most people my age I make more of an effort to improve my health.

6 ○ Agree
7 ○ Disagree
8 ○ No opinion

3. Do you think there is anything you personally should do to improve your physical health?

1 ○ Yes 2 ○ No ——→ Go to 6

4. What is the most important thing you personally should do?

3 ○ Exercise more
4 ○ Improve eating habits
5 ○ Lose weight
6 ○ Stop smoking
7 ○ Reduce drug use/medications
8 ○ Cut down on drinking
9 ○ Other (specify) _____

5. Is there anything stopping you from making this improvement? (Mark all that apply)

01 ○ No
02 ○ Problem not serious, no urgency
03 ○ Lack of time
04 ○ Lack of self discipline, energy
05 ○ Too depressed
06 ○ Don't know how to get started, lack knowledge
07 ○ Peer pressure
08 ○ Lack of support from family or friends
09 ○ Don't want to change current habits
10 ○ Too difficult
11 ○ Too costly
12 ○ Other (specify) _____

6. Do you think there is anything you personally should do to improve the way you cope with stress?

1 ○ Yes 2 ○ No ——→ Go to 9

7. What is the most important thing you think you should do? (Mark only most important)

1 ○ Exercise more
2 ○ Learn to relax, worry less
3 ○ Get out more often, make new friends, socialize
4 ○ Change jobs, move, leave home, change situation
5 ○ Reduce drug use/medications
6 ○ Reduce alcohol use
7 ○ Spend more time with family and close friends
8 ○ Other (specify) _____

8. Is there anything stopping you from making this improvement?

01 ○ No
02 ○ Problem not serious, no urgency
03 ○ Lack of time
04 ○ Lack of self discipline, energy
05 ○ Too depressed
06 ○ Don't know how to get started, lack knowledge
07 ○ Peer pressure
08 ○ Lack of support from family or friends
09 ○ Don't want to change current habits
10 ○ Too difficult
11 ○ Too costly
12 ○ Other (specify) _____

9. In general would you say you're...

1 ○ Very happy
2 ○ Pretty happy
3 ○ Not too happy

10. Would you describe your life as...

4 ○ Very stressful
5 ○ Fairly stressful
6 ○ Not very stressful
7 ○ Not at all stressful

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11. Are there health topics about which you feel you need more information?

[8] Yes [9] No → Go to 13

12. On which of the following health topics do you feel you need more information?

	Yes	No
Nutrition	01	02
High blood pressure	03	04
Mental health	05	06
Smoking	07	08
Alcohol	09	10
Marijuana	11	12
Safety and accident prevention	13	14

The next few questions are about your current physical condition.

13. How tall are you without shoes?

1 [ ][ ] feet / inches or 2 [ ][ ][ ] centimetres

14. How much do you weigh?

3 [ ][ ][ ] pounds or 4 [ ][ ][ ] kilograms

15. How much would you like to weigh?

5 [ ][ ][ ] pounds or 6 [ ][ ][ ] kilograms

[7] Don't know

16. Are you limited in the kind or amount of activity you can do because of a long term physical condition or health problem? By long term I mean a condition that has lasted or is expected to last more than 6 months.

[1] Yes [2] No → Go to 18

17. Are your activities limited . . .

	Yes	No
At home	3	4
At work or school	5	6
In other activities such as leisure time pursuits or transportation to or from work	7	8

18. When did you last have your blood pressure checked?

[1] Last 6 months
[2] 6-12 months
[3] One to two years
[4] More than 2 years
[5] Never
[6] Don't know } Go to 22

19. As far as you know is your blood pressure high?

[7] Yes
[8] No
[9] Don't know } Go to 22

20. Are you currently doing anything to control your blood pressure?

[1] Yes [2] No → Go to 22

21. What are you doing? (Mark all that apply)

01 Medication
02 Quit smoking
03 Exercise
04 Weight loss
05 Sodium restriction
06 Other diet change
07 Relaxation
08 Reduce alcohol use
09 Other (specify) _____
10 Don't know

22. Do you agree or disagree with the following statement? You only need to have your blood pressure checked if you think you have a problem.

[1] Agree
[2] Disagree
[3] No opinion

The next few questions are about exercise.

23. Exercise includes vigorous activities such as calisthenics, jogging, racquet sports, team sports, dance classes, or brisk walking. Do you feel you get as much exercise as you need or less than you need?

[4] As much as needed
[5] Less than needed
[6] Don't know

24. How many times per week do you exercise for at least 15 minutes?

[1] Daily
[2] 5-6 times a week
[3] 3-4 times a week
[4] 1-2 times a week
[5] Less than once a week
[6] Never
[7] Don't know

25. Would you say you are physically more active, about the same or less active than other persons your age?

[1] More active
[2] About the same
[3] Less active
[4] Don't know

26. Do you think that getting more exercise would improve your health...

- [5] A great deal
- [6] A moderate amount
- [7] A little
- [8] Not at all
- [9] Don't know

The next few questions are about smoking.

27. At the present time do you smoke cigarettes?

[1] Yes [2] No ——→ Go to 31

28. Do you smoke cigarettes regularly, that is usually everyday or occasionally, not every day?

[3] Regularly [4] Occasionally

29. In the past year has anyone asked you to not smoke around them?

[5] Yes [6] No ——→ Go to 31

30. Where has this happened? Anywhere else? (Mark all that apply)

- [1] At school
- [2] At work
- [3] In a car
- [4] Restaurant
- [5] In your own home
- [6] In a house other than your own
- [7] Other (specify) _____

31. Now I'd like your opinion on some statements about smoking. Tell me whether you agree or disagree with each of the following?

	Agree	Dis-agree	No opinion
Children are more likely to start smoking if their parents smoke	[01]	[02]	[03]
People are too concerned about the effect on their health of other people smoking	[04]	[05]	[06]
Most non-smokers don't mind when people smoke in their presence	[07]	[08]	[09]
Women should not smoke during pregnancy	[10]	[11]	[12]
Non-smokers should be provided with a smoke-free area where they work	[13]	[14]	[15]
Smokers should ask permission before smoking in the presence of others	[16]	[17]	[18]
Smoking helps you stay slim	[19]	[20]	[21]

32. Do you think that a person who quits after ten years of heavy smoking reduces the risk of getting a disease related to smoking...

- [1] A great deal
- [2] A moderate amount
- [3] A little bit
- [4] Not at all
- [5] Don't know

33. Do you ever feel unpleasant effects from the cigarette smoke of others?

[6] Yes [7] No

34. Have you ever asked someone not to smoke?

[8] Yes [9] No ——→ Go to 36

35. Where was that? Anywhere else? (Mark all that apply)

- [1] In restaurant
- [2] At work
- [3] At school
- [4] In a car
- [5] Public transportation (bus, airplane)
- [6] In your own home
- [7] In a house other than your own
- [8] Other (specify) _____

Now I would like to ask some questions about alcohol consumption.

36. In the next questions when we use the word drink it means:

One bottle of beer or glass of draft
One small glass of wine
One shot or mixed drink with hard liquor

Have you ever taken a drink of beer, wine, liquor or other alcoholic beverage?

[1] Yes [2] No ——→ Go to 44

37. In the past 12 months, have you taken a drink of beer, wine, liquor or other alcoholic beverage?

[3] Yes [4] No ——→ Go to 44

38. During the past 12 months, how often, on average, did you drink alcoholic beverages? Was it...

- [1] Every day
- [2] 4-6 times a week
- [3] 2-3 times a week
- [4] Once a week
- [5] Once or twice a month
- [6] Less often than once a month

39. (a) Thinking back over the past 7 days, on how many of these days did you have any alcoholic drinks?

☐ [8]○ None ——→ Go to 40

(b) On how many of these days did you have 2 or more drinks?

☐ [8]○ None ——→ Go to 40

(c) On how many of these days did you have 4 or more drinks?

☐ [8]○ None ——→ Go to 40

(d) On how many of these days did you have 8 or more drinks?

☐ [8]○ None ——→ Go to 40

(e) On how many of these days did you have 12 or more drinks?

☐ [8]○ None

40. Would you say that this is more, less or about the same amount that you usually consume during a week?

[1]○ More

[2]○ Less

[3]○ Same

41. During the past month how many times have you driven within two hours after drinking any amount of alcohol?

☐,

[88]○ Don't drive ——→ Go to 44

[99]○ Don't know

42. About how many drinks can <u>you</u> have, over a 3 hour period, before <u>you</u> would worry about your ability to drive?

☐,

[99]○ Don't know

43. There is a legal limit to the amount of alcohol <u>you</u> can have in your blood when driving. How many drinks do you think <u>you</u> can have over a period of three hours before you are over the legal limit?

☐,

[99]○ Don't know

44. In the past 12 months, have you been with a friend or relative whom you thought had too much to drink to drive safely?

[5]○ Yes

[6]○ No

[7]○ Don't know } Go to 47

45. On the most recent occasion did you attempt to prevent this person from driving?

[8]○ Yes [9]○ No ——→ Go to 47

46. What did you do? (Mark all that apply)

[1]○ Drove them home yourself

[2]○ Asked someone to drive them home

[3]○ Asked them to take a taxi

[4]○ Hid their car keys

[5]○ Served coffee

[6]○ Kept the person at your home

[7]○ Other (specify) _____

47. How many drinks do you think a person can have per week, without endangering his/her health over the long term?

☐,

[99]○ Don't know

48. Now I'd like your opinion on some statements about drinking. Please tell me, whether you agree or disagree?

	Agree	Dis-agree	No opinion
Moderate drinking can be good for your health	[01]○	[02]○	[03]○
On social occasions I often feel obligated to have a drink, even when I would rather not	[04]○	[05]○	[06]○
Most drinkers do not suffer health problems as a result of their drinking	[07]○	[08]○	[09]○
Most people don't mind if you get intoxicated once in a while	[10]○	[11]○	[12]○
I'd rather pay for a taxi than see a friend drive after drinking	[13]○	[14]○	[15]○

Now I would like to ask about your use of drugs.

49. In the past 12 months have you used:

Sleeping pills?	[01]○	Yes
	[02]○	No
Pep pills, stimulants?	[03]○	Yes
	[04]○	No
Tranquilizers such as valium?	[05]○	Yes
	[06]○	No
Cocaine?	[07]○	Yes
	[08]○	No
Marijuana or hashish?	[09]○	Yes
	[10]○	No

50. Do you think that occasional use of marijuana will affect a persons' physical or mental health?

[4]○ Yes

[5]○ No

[8]○ Don't know } Go to 52

51. What effects do you think it would have? (Mark all that apply)

- 01 ○ Relaxation or other positive effects
- 02 ○ Addiction/leads to harder drugs
- 03 ○ Memory loss, brain damage
- 04 ○ Other mental or behavioral effects
- 05 ○ Lung damage
- 06 ○ Genetic problems/sterility
- 07 ○ Other physical health problems
- 08 ○ Increase/risk of accidents or injury
- 09 ○ Other (specify) _____
- 10 ○ Don't know

The next few questions are about safety.

52. On average, about how many miles or kilometres per week do you travel in a private vehicle . . .

As a driver?

1 [ ][ ][ ][ ] miles or 2 [ ][ ][ ][ ] kilometres

- 3 ○ Don't know

53. On average, about how many miles or kilometres per week do you travel in a private vehicle . . .

As a passenger?

4 [ ][ ][ ][ ] miles or 5 [ ][ ][ ][ ] kilometres

- 6 ○ Don't know

54. How often do you use seatbelts when you ride in a car? (Read responses)

- 1 ○ Always
- 2 ○ Most of the time
- 3 ○ Sometimes
- 4 ○ Rarely or never

55. When you are driving a car do you insist that the children with you have their seatbelt fastened or are in carseats? (Read responses)

- 1 ○ Always
- 2 ○ Most of the time
- 3 ○ Sometimes
- 4 ○ Rarely or never
- 5 ○ Don't drive
- 6 ○ Don't drive with children in car

56. In the past 3 years have you taken any training to administer first aid?

- 7 ○ Yes
- 8 ○ No

57. Can you administer cardio-pulmonary resuscitation, sometimes called CPR?

- 1 ○ Yes
- 2 ○ No

58. Would you agree or disagree with the following statement? It is worth learning CPR even though few people ever have to use it.

- 3 ○ Agree
- 4 ○ Disagree
- 5 ○ No opinion

59. Do you have the following in your home?

	Yes	No
A first aid kit	1 ○	2 ○
A smoke detector	3 ○	4 ○
A fire extinguisher	5 ○	6 ○

60. Interviewer check item

Respondent is: Female 7 ○ → Go to 61
Male 8 ○ → Go to 66

The next questions are about health practices.

61. In the past 12 months have you had your breasts examined by a doctor or nurse?

- 1 ○ Yes
- 2 ○ No

62. Have you ever been shown how to examine your breasts?

- 3 ○ Yes
- 4 ○ No

63. How often do you examine your own breasts? Would you say . . .

- 5 ○ At least once a month
- 6 ○ Once every 2-3 months
- 7 ○ Less often
- 8 ○ Never

64. How often do you think a woman should examine her own breasts?

- 1 ○ At least once a month
- 2 ○ Once every 2-3 months
- 3 ○ Less often
- 4 ○ Never
- 5 ○ Don't know

65. When was the last time you had a PAP smear test for cancer?

- 1 ○ Within the past year
- 2 ○ Last 2-3 years
- 3 ○ More than 3 years
- 4 ○ Never
- 5 ○ Don't know

The next few questions are about social relationships.

66. About how many people, including relatives, do you consider to be your friends, that is, people you see socially on a regular basis?

☐

67. Of the people you see socially how many smoke cigarettes? (Read responses)

1○ None
2○ A few
3○ About half
4○ Most or all
5○ Don't know

68. How many would you say drink too much? (Read responses)

1○ None
2○ A few
3○ About half
4○ Most or all
5○ Don't know

69. How many of your friends use marijuana regularly? (Read responses)

1○ None
2○ A few
3○ About half
4○ Most or all
5○ Don't know

70. How many of your friends exercise regularly? (Read responses)

1○ None
2○ A few
3○ About half
4○ Most or all
5○ Don't know

71. How many do you consider to be your close friends, that is, people you could talk to if you needed help or had a problem? (Read responses)

1○ None
2○ A few
3○ About half
4○ Most or all
5○ Don't know

72. What is your current marital status?

1○ Married (including common-law)
2○ Single/never married
3○ Separated
4○ Divorced
5○ Widowed

→ Go to 74

73. Does your spouse do any of the following?

	Yes	No
Exercise regularly	01○	02○
Smoke cigarettes	03○	04○
Drink too much	05○	06○
Overeat	07○	08○
Use tranquilizers such as valium	09○	10○
Smoke marijuana	11○	12○

The next questions are about nutrition.

74. In the last week on how many days did you have the following for breakfast?

Nothing or just coffee or tea ☐
Eggs, bacon, ham or other meat ☐
Breads, pastries, pancakes or cereals ☐
Fruit or juice ☐
Cheese, milk or other dairy products ☐

75. Are there any foods which you think you should limit or avoid, for the sake of your health?

1○ Yes 2○ No → Go to 77

76. Of the following types of food, which one do you feel is the most important to limit or avoid for the sake of your health? Food that is . . .

3○ High in cholesterol
4○ High in fat
5○ High in sugar
6○ High in salt
7○ Don't know

77. Are there any foods which you think you should eat more often for the sake of your health?

8○ Yes 9○ No → Go to 79

78. Of the following types of food, which one do you feel is the most important to eat more often for the sake of your health? Foods such as . . .

1○ Fruits and vegetables
2○ Whole grain cereals
3○ Milk and milk products
4○ Meat/fish/poultry
5○ Don't know

79. I will now read a list of health topics. For each one I'd like your opinion about how important you feel it is for the government to deal with each topic. Tell me on a scale from 1 to 10; with 1 being not at all important and 10 being extremely important.

	Not at all important 1	2	3	4	5	6	7	8	9	*Extremely important* 10	*Don't know*
Drug use	01○	02○	03○	04○	05○	06○	07○	08○	09○	10○	11○
Smoking	12○	13○	14○	15○	16○	17○	18○	19○	20○	21○	22○
Alcohol problems	23○	24○	25○	26○	27○	28○	29○	30○	31○	32○	33○
High blood pressure	34○	35○	36○	37○	38○	39○	40○	41○	42○	43○	44○
Child health	45○	46○	47○	48○	49○	50○	51○	52○	53○	54○	55○
Eating habits	56○	57○	58○	59○	60○	61○	62○	63○	64○	65○	66○
Mental health	67○	68○	69○	70○	71○	72○	73○	74○	75○	76○	77○
Accident prevention in the home	78○	79○	80○	81○	82○	83○	84○	85○	86○	87○	88○
Accident prevention at work	89○	90○	91○	92○	93○	94○	95○	96○	97○	98○	99○
Accident prevention on the road	100○	101○	102○	103○	104○	105○	106○	107○	108○	109○	110○

80. Do you agree or disagree with the following statements?

	Agree	Dis-agree	No opinion
Following a healthy diet is expensive and time consuming	1○	2○	3○
I'd rather be overweight than have to give up many of the foods I like	4○	5○	6○
Skipping breakfast is an effective way to control or reduce your weight	7○	8○	9○

81. Do you think that you could improve your health by changing your eating habits?

1○ Yes

2○ No

3○ Don't know

Finally a few questions about yourself.

82. What is the highest grade or level of education you have ever completed?

1○ No schooling

2○ Elementary

3○ Some } Secondary

4○ Completed }

5○ Some } Community college, technical college, CEGEP, nurse's training

6○ Completed }

7○ Some } University or teacher's college

8○ Completed }

9○ Other education or training

83. What language do you speak at home most often?

1○ English

2○ French

3○ Other

84. What is the postal code for this dwelling?

☐☐☐ ☐☐☐ 4○ Don't know

85. How many telephones, counting extensions, are there in your dwelling?

1○ One → Go to 90

2○ Two or more

86. Do all the telephones have the same number?

3○ No

4○ Yes → Go to 90

87. How many different numbers are there?

☐☐

88. Are any of these numbers for business use only?

5○ No → Go to 90

6○ Yes

89. How many are for business use only?

☐☐

90. Which of the following best describes your main activity during the last 12 months? Were you mainly...

1 ○ Working at a job or business → Go to 92
2 ○ Looking for work → Go to 91
3 ○ A student
4 ○ Retired
5 ○ Keeping house
6 ○ Other (specify) _____
→ Go to 96

91. Did you have a job at any time during the last 12 months?

1 ○ Yes 2 ○ No → Go to 96

92. For whom do/did you work?

93. What kind of business, industry or service is/was that?

94. What kind of work do/did you do?

95. How many persons does this company employ? Include persons in all branch locations of the company. Are there...

3 ○ Over 100
4 ○ Between 50 and 100
5 ○ Between 10 and 49
6 ○ Under 10
7 ○ Don't know

96. In the last five years have you been unemployed for a year or longer?

1 ○ Yes 2 ○ No

97. Interviewer check item:

If code 1 in question 90 → 3 ○ Go to 98
Otherwise → 4 ○ Go to 104

98. Are you aware of any safety or accident prevention programs at your place of work?

5 ○ Yes 6 ○ No 7 ○ Don't know

99. Are you aware of any other programs to improve health, physical fitness or good nutrition?

1 ○ Yes 2 ○ No 3 ○ Don't know

100. In the past year, have you seen or received any information about health topics at your place of work? (e.g. posters, bulletin boards, pamphlets, etc.)

4 ○ Yes 5 ○ No → Go to 102

101. Have you found the information helpful?

6 ○ Yes 7 ○ No

102. Is smoking restricted in your place of work...

1 ○ Completely
2 ○ In certain places
3 ○ Not at all
4 ○ Don't know

103. Do you think your place of work is an appropriate place to promote good health habits?

5 ○ Yes
6 ○ No
7 ○ Don't know

104. Do you think schools are an appropriate place to promote good health habits?

1 ○ Yes
2 ○ No
3 ○ Don't know

105. What was your household's total income from all sources before taxes and deductions for 1984?

[ ][ ][ ][ ][ ][ ].00 4 ○ Don't know

106. What is the single most important thing you have done in the past year to improve your health?

01 ○ Nothing → Go to 109
02 ○ Increased exercise
03 ○ Lost weight
04 ○ Improved eating habits
05 ○ Quit smoking/reduced amount smoked
06 ○ Reduced drug/medication use
07 ○ Drank less alcohol
08 ○ Had blood pressure checked
09 ○ Attempted to control blood pressure
10 ○ Learned to manage stress
11 ○ Reduced stress level
12 ○ Received medical treatment
13 ○ Other (specify) _____

107. **Aside from improving your health, was there any other reason that you decided to do this?**

[1] ○ Yes

[2] ○ No ⟶ Go to 109

108. **What was the other reason?**

|_|_|_